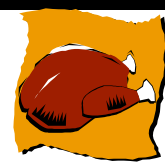




Claims Clues



A Publication of the AHCCCS Claims Department

November, 2002

Updated Provider Manual Available on Web

The *AHCCCS Fee-For-Service Provider Manual* has been updated and is available on the AHCCCS Web site.

Providers are encouraged to use the on-line version of the manual. A paper copy will not be automatically mailed to every

provider as in previous years.

Providers who do not have Internet access may request a paper copy by submitting the form attached to this issue of *Claims Clues*. The first copy of the manual is free. Additional copies cost \$75 each.

To view the manual on line,

visit the AHCCCS Web site at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Additional Information" section. Click on the link to the *Fee-For-Service Provider Manual*. □

AHCCCS to Offer Electronic Reimbursement

In order to enhance and improve the AHCCCS Administration's overall payment service to providers, the agency is working on a project to offer electronic (ACH) payments to providers, beginning next spring.

ACH is an alternative to issuing checks to providers. The Arizona Clearing House Association (ACHA) serves as the clearing house and processes electronic payments directly to the providers' bank accounts through the State servicing bank, Bank of America. Bank of America will make the electronic (ACH) payments available to providers

one business day after the date the ACH payments file is transmitted to Bank of America. Any providers who regularly do business with AHCCCS may be considered for ACH payments.

The following information will be *required* in order for a provider to receive an ACH payment:

- Bank Account Number
- ABA Routing Number (also known as the Transit Routing Number)
- Bank Account Name
- Bank Address
- Account type (Checking or Savings)
- Tax Identification Number

Benefits of receiving provider payments electronically include:

- Eliminating mail and deposit delays
- Allowing for the immediate availability of funds
- Producing payments that are fully traceable
- Eliminating lost, stolen, or misplaced checks.

The pilot phase is scheduled to begin in the first quarter of 2003 with selected providers who responded to an ACH Payment Survey earlier this year.

AHCCCS will begin sending packets to providers who are interested in electronic payments in the second quarter of 2003. □

Claim Changes Via Phone Limited Beginning Dec. 1

Effective December 1, 2002, providers may no longer correct UB-92 claims by contacting the AHCCCS Claims Customer Service Unit.

The policy change will help reduce the volume of calls to the

Customer Service Unit and allow Customer Service Representatives more time to respond to provider inquiries. The policy change also will eliminate the potential for keying errors that may occur.

UB-92 billers must either use the

Claim Correction Request Form (available from the Customer Service Unit) or resubmit the claim in order to make any changes to a claim.

Providers may call Claims
(Continued on Page 2)

Claim Changes Via Phone Limited Beginning Dec. 1

(Continued from Page 1)

Customer Service and correct some HCFA 1500 claim errors over the phone without resubmitting a claim. HCFA 1500 billers also may use the Claim Correction Request Form to correct some claim errors.

The following HCFA 1500 claim errors can be corrected over the phone or by using the Claim

Correction Request Form:

- Enter Medicare or other insurance amounts if provider faxes the explanation of benefits with the Claim Correction Request Form
 - Change, add, or delete a procedure modifier
 - Change the number of units
- To correct errors over the phone,

providers should call the Claims Customer Service Unit at:

Phoenix Area: (602) 417-7670

In state: (800) 794-6862

Out of state: (800) 523-0231

The Claim Correction Request Form must be faxed to the AHCCCS Claims Research/ Adjudication Unit at (602) 253-5472. □

Providers Can Use Web To Check Eligibility, Claims

AHCCCS has unveiled a new Web application that allows providers to verify eligibility and enrollment and to check the status of fee-for-service claims using the Internet.

The Web-based application is being made available to providers in stages. During November, providers whose AHCCCS provider ID is in the 196578 – 344862 range will be allowed to create an account to access the application. In December, providers whose AHCCCS provider ID ranges from 344863 – 456526 may create an account.

To create an account and begin using the applications, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us.

Once at the Home Page, click on the Information for Providers link to go to the Providers page. A link on the Providers page will allow providers to create an account and



view eligibility and claim information.

The site is secured through a security module developed by AHCCCS that requires a user login. VeriSign software is used to secure the data transferred over

the Internet.

Once a provider has access to the site, the provider can query information relating to any of their patients who are recipients in the system. Providers also can obtain Medicare/TPL information for a recipient.

The Claim Status page allows providers to view detailed information relating to the claim, including status history, work actions, edit history and accounting summary.

There is no charge to providers for creating an account, and there is no transaction charge.

Providers who have questions about the Web-based application should call AHCCCS Customer Support at (602) 417-4451. □

Providers Must Notify AHCCCS of Overpayments

The Arizona Administrative Code R9-22-703(D) requires providers to notify AHCCCS of an overpayment for a claim.

Providers should submit an adjustment to the paid claim to allow AHCCCS to recoup the

overpayment. Providers should attach documentation substantiating the overpayment, such as an EOB if the overpayment was due to reimbursement from Medicare or another third party payer after AHCCCS has paid for the service. By law, AHCCCS has liability for

payment of benefits after all other third party payers, including Medicare.

The new claim will appear in the Adjusted Claims section of the Remittance Advice showing the original allowed amount and the new (adjusted) allowed amount. □

AHCCCS Modifies Locum Tenens Policy

The AHCCCS Administration has revised its policy regarding locum tenens arrangements.

AHCCCS recognizes locum tenens arrangements but restricts them to the length of the locum tenens registration with the Arizona Medical Board (formerly the Arizona Board of Medical Examiners, or BOMEX).

The Arizona Medical Board issues locum tenens registration for a period of 180 consecutive days once every three years to allow a physician who does not hold an Arizona license to substitute for or assist a physician

who holds an active Arizona license. Locum tenens registration with the Arizona Medical Board is required before AHCCCS recognizes a locum tenens arrangement.

The locum tenens provider must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens is substituting or temporarily assisting.

To assist AHCCCS in identifying the actual provider of service for claims payment and reporting purposes, all services rendered by the locum tenens provider must be billed with the

“Q6” modifier.

In addition, practices using locum tenens arrangements must maintain a log identifying which locum tenens providers are substituting for or assisting which AHCCCS-registered providers.

Locum tenens arrangements are restricted to avoid situations where one AHCCCS provider ID number could be used by multiple physicians over extended periods of time. This provision also facilitates the credentialing process performed by AHCCCS-contracted health plans and program contractors when contracting with physicians. □

Separate Medicare EOMB Required for Each Claim

Providers must submit a separate Medicare EOMB with each claim form when billing the AHCCCS Administration for Medicare

coinsurance and deductible. If a provider submits multiple claims for a recipient but includes only one copy of the Medicare EOMB, the EOMB will be

attached to the claim with highest coinsurance and deductible amount. The other claims in the package will be denied for lack of a Medicare EOMB. □

AHCCCS Ends Coverage of Norplant Insertion

Norplant insertion is no longer an AHCCCS-covered service.

Providers must not bill the AHCCCS Administration or its

contractors for CPT codes 11975 (Insertion, implantable contraceptive capsules) and 11977 (Removal with reinsertion, implantable contraceptive

capsules).

AHCCCS has ended coverage because the manufacturer, Wyeth, is no longer distributing Norplant in the United States. □

Electronic Claims Submission Avoids Data Entry Backlog

Conversion to a new imaging system has created a backlog in the data entry of fee-for-service claims.

AHCCCS captures an electronic image of all paper claims, and data entry is performed using the image of the claim. AHCCCS is working to solve the problems created by the conversion and to reduce the data entry backlog.

The imaging system problem does not affect the submission of electronic claims, since these claims are not data entered. AHCCCS accepts electronic claims transmissions between midnight and 6:00 p.m. Monday through Thursday and between midnight and 4:00 p.m. on Fridays.

Clean claims on completed transmissions received by 4:00

p.m. on Friday generally will be considered for that weekend's payment cycle. The electronic claims process typically results in a faster turnaround of reimbursement to the provider.

For more information on electronic claims submission, providers should call the AHCCCS Electronic Claims Unit at (602) 417-4706. □

Rates Update

AHCCCS fee-for-service rates for hospice, nursing facility, and ambulatory surgery center (ASC) services have been updated for dates of service beginning October 1, 2002.

AHCCCS Fee-For-Service Hospice Payment Rates Effective 10/01/2002

AHCCCS bases its hospice rates on those published by Medicare with the labor portion adjusted by the area specific wage indices published by the Centers for Medicare and Medicaid Services (CMS, formerly HCFA).

Revenue Code	Description	County	Rate
651	Routine Home Care	Maricopa/Pinal	\$116.15
		Pima	\$110.56
		Rural *	\$129.04
652	Continuous Home Care	Maricopa/Pinal	\$677.92
		Pima	\$645.27
		Rural *	\$753.12
655	Inpatient Respite Care	Maricopa/Pinal	\$119.72
		Pima	\$115.16
		Rural *	\$130.22
656	General Inpatient Care	Maricopa/Pinal	\$516.11
		Pima	\$492.92
		Rural *	\$569.50

* Rural counties are defined as all counties other than Maricopa, Pinal, and Pima. The rural wage index is based on the county with the highest wage index in 2002, which is Mohave County.

AHCCCS Fee-For-Service Nursing Facility Payment Rates Effective 10/01/2002

Level of Care	Urban Rate	Rural Rate
Level 1	\$108.19	\$105.30
Level 2	\$119.35	\$115.84
Level 3	\$143.10	\$138.55

AHCCCS Fee-For-Service ASC Payment Rates Effective 10/01/2002

AHCCCS bases its statewide ASC rates on those published by CMS adjusted by the wage index for Phoenix.

ASC Group ¹	Payment Rate ²
1	\$330.94
2	\$443.23
3	\$506.84
4	\$626.09
5	\$712.55
6	\$821.81
7	\$988.83
8	\$967.90

1 Approximately 2400 procedure codes grouped by relative cost and complexity

2 Adjusted by Phoenix-area wage index for FY 2002 of 0.982%. From FY 2002 to FY 2003, Medicare rates increased approximately 2.9%; Phoenix wage index increased 1.9%



AHCCCS Fee-For-Service Provider Manual



The *AHCCCS Fee-For-Service Provider Manual* is intended for use by providers' billing staffs and contracted billers. The manual provides information about AHCCCS, coverage of specific services, and requirements for completion and submission of fee-for-service claims to the AHCCCS Administration. Use of the manual will help reduce questions about coverage of services, recipient eligibility, and proper billing procedures and expedite the claims process by ensuring that claims are filed correctly the first time.

The manual is only for **fee-for-service claims**. It is **not** a substitute or replacement for a health plan's or program contractor's manual. If you contract with one or more AHCCCS health plans or program contractors, please follow their instructions when providing and billing for services rendered to a recipient enrolled with that health plan or program contractor.

This manual is available on line at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Additional Information" section. Click on the link to the *Fee-For-Service Provider Manual*.

Any changes to the manual will be made on-line and available to providers for viewing. You will be able to print a copy of the manual from the on-line version. However, if you want a paper copy of the manual, please complete the form below and send it to:

AHCCCS Provider Registration
Mail Drop 8100
701 E. Jefferson St.
Phoenix, AZ 85034

Note: Your first paper copy of the manual is free. If you want more than one copy, the cost is \$75 per additional copy to offset printing, mailing, and handling. Please make checks payable to "AHCCCS Administration."

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Provider Name: _____

AHCCCS Provider ID: _____

Name of Contact Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Number of manuals requested: _____ Is this your first copy? ☐ Yes ☐ No